

Luter

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038849

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

27

Primary Registration District No.

3005

Registrar's No.

183

STATE FILE NUMBER

FILED NOV 7 1963

## 1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Butler

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Bates

admission)

c. CITY  
OR TOWN

310 College

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Bates Co memorial Hos

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

Butler Missouri

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

GERTRUDE

Middle

HENRY

Last

4. DATE  
OF DEATH

Month

Nov

Day

1

Year

1963

## 5. SEX

Female

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

Jan 17 1886

## 9. AGE (last birthday)

77

## 10. IF UNDER 1 YEAR

Months 9 Days 17 Hours Min.

## 11. IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

homemaker

## 10b. KIND OF BUSINESS OR INDUSTRY

Bates Co Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John Guntant

## 13b. MOTHER'S MAIDEN NAME

Mary Young

## 14. NAME OF HUSBAND OR WIFE

Charles Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Charles Henry, Butler Mo.

## Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Myocardial Insufficiency

INTERVAL BETWEEN  
ONSET AND DEATH

5 years

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Generalized Bronchopneumonia

1 wk

## DUE TO (c)

Mitral Insufficiency

5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Aug 2, 1963

Nov 1, 1963

and last saw her alive on Nov 1, 1963

Death occurred at

3:30 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

(State)

## 24. FUNERAL DIRECTOR

11/3/63

## ADDRESS

Oakhill Cemetery

Butler Missouri

Culver Underwood Mo.  
Butler

## 25. DATE RECD. BY LOCAL REG.

11-4-1963

## 26. REGISTRAR'S SIGNATURE

Norme Frank Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 0071

2 0071

3

4 1

5 3

6

7 0

8

9 4222

10

11

12 1-0

13 1-0

863-032210

Butler

Missouri

Butler

Missouri

Butler Missouri

Butler Missouri

Butler Missouri

1963

Nov

Nov

Nov

USA

Butler Missouri

Butler Missouri

Charles Henry

Charles Henry

John G. Young

Charles Henry, Butler, Mo.

John G. Young

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John G. Young*

Licensed Embalmer No. **3585**

P. O. Address **Butler Missouri**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Butler Missouri

Butler Missouri

Butler Missouri

Butler Missouri

1000  
1700

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0-1

Permitted 11-4-63 MUE